B. No. 1.

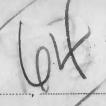
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PERMANENT UNFADING INK-THIS PLAINLY, WITH WRITE

PLAC Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 95
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Village or City Mas Cahert (No.)	St.; Ward) [If death occurred in a hospital or institution, give its NAME losfead of sfreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH Sland (Month) (Day) (Year)	16 DATE OF DEATH TO (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to 11 the The 1913, that I last saw h 22 alive on 1208 The 1913.
TAGE If LESS than t day,hrs. ORmln.? COCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	and that death occurred on the date stated above, at
10 NAME OF FATHER Rev. Charles. Chambe 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Deraflon) yrs mos 5 ds. (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Many Consulvation	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place io the of death yrs. mos. ds. State yrs. mos. ds. Where was places of death? Former or osual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Standy Md. Apat. 12, 1913. 20 UNDERTAKER ADDRESS B. E. Mason Atturchan

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not hald Housekeepers fication, as Day laborer, Farm laborer, Laborerthe nature of the business or industy; and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative meaithfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomenciasepsis, tetanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State capse for childbirth or miscarriage, as "Puerperal sentichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Deblifty" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

	PLACE OF DEATH 15364	STATE OF MARYLAND
Co	unty Cecll	CERTIFICATE OF DEATH
VII	lage or City Ellow Minor F	Registration Dist. No. [It death occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH
6 D	ATE OF BIRTH June 24, 1874.	that I last saw h is alive on 2 3 1913.
7 A		and that death occurred on the date stated above, at # 4 . m. The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	OCCUPATION) Trade, protession, or ricular kind of work.) General nature of industry, siness, or establishment in lich employed (or employer) IRTHPLACE (State or country)	Contributory (Duration) 7 yrs mos 3 ds. Contributory (Duration) 7 yrs fmos 3 ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Cecil leve Med. 12 MAIDEN NAME OF MOTHER O	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Chester Co. Pa.	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos ds
	(Interment) La Maggie Condierson	Where was disease contracted, if not at place of death? Former or usual residence
16 Fil	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Myore's Chafel Son 1913. 20 UNDERTAKER ADDRESS B. E. Mason Authorises
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if Impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. "Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Exhaustlon," For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Cot	age or City Ellow Mid (No State	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 92 [If death occurred in a hospital or institution,
	FULL NAME John Bar	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ral Whit Single, Manuel Wilowed, ORDIVORCED (Write the word)	16 DATE OF DEATH 10, 1913 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DA	Month (Month) (Day (Year)	100 8 1913 to Nov 16 , 1913, that I last saw ham alive on Nov 15 , 1913
TAG	## 1 LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) par (b) busi	Trade, profession, or Labryze ficular kind of work. General nature of Industry, ness, or establishment in ch employed (or employer)	(Duration) yrs mos ds.
9 81	RTHPLACE (State or country) 200	Matic alles (Duration) Hot Resources
PARENTS	10 NAME OF FATHER Freight Paucroff 11 BIRTHPLACE OF FATHER (State of country) Pa	(Signed)
PAR	12 MAIDEN NAME of MOTHER and Harris 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos ds. State yrs, mos ds
	Informant)	Where was disease contracted, Liberty Grove Mod Former or usual residence Liberty Grove, Mich
16 File	Mor 16 th 1913 Brains Frozer FR	Jiberty hvvz md nemoval Liberty hvvz md nemoval 20 UNDERTAKER Vinninger Popper Elklen Euf
	REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-ncation as Day laborer, Farm laborer, Laborer—Coal cated thus: mine, etc. statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cuses, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tiou is very Important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, if retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foremau," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time aud causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." LENT DEATHS State MEANS OF INJURY and qualify as valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomcuclascpsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. childblrth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (mcrely symptomatic), "Atrophy," oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; (Recommendations on statement of State cause for Never report





CERTIFICATE OF DEATH Registration Dist. No..... If death occurred in PHYSICIANS of OCCUPA Village or City St :----Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement RMANENT 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE Married MARRIED. WIDOWED. ONION (Month) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH PE 0 (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day.....hrs. cla The CAUSE OF DEATH* OR min. ? mos. uluncul ases proper 8 OCCUPATION AG (a) Trade, profession, or -arm mort particular kind of work Z supplied. may be (b) General nature of industry, business, or establishment in O which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) certifi (Duration) 10 NAME OF FATHER 90 be back (Address) 11 BIRTHPLACE terms, PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER tions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Instruc At place In the OF MOTHER of death yrs. mos. ds. State yrs, ____ mos. ds DEATH Where was disease contracted. 14 THE ABOVE IS TRUE TO KNOWLEDGE If not at place of death? OF usual residence. Important. Every II BURIAL OR REMOVAL DATE OF BURIAL 15 οŝ œ. REGISTRAR z Af more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

PLACE OF DEATH

STATE OF MARYLAND

y U. S. Census and American Public Health Association.

-(a) Spinner, Grocery; (a) Foreman, (b) Automobile factory. the nature of the husiness or industry, and therefore an cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) casea, especially in industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viochildhirth or miscarriage, as "Purreman schiichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not he stated unless important. nant neoplacins); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as -Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for maig Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary "PUERPERAL peritonitis," etc. Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may he stated under the head (name origin; "Canor intercurrent; State cause for Examples:



S should s HYSICIANS RECORD PERMANENT carefully 2 of Inform WRITE item OF Every Ite 8

certificate. 0 back See Instructions mportant.

STATE OF MARYLAND 1 PLACE OF DEATH 15367CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred lo Viilage or City Ward) a hospital or lostitution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. ordivorced (Write the word) WIDOWED. (Month) (Dav I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year)/ TAGE It LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry. business, or establishment in (Duration) ______yrs____mos___ which employed (or employer) 9 BIRTHPLACE (State or country) Contributory..... Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE . 191 8 ... (Address)... OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. ____ mos. ... Where was disease contracted, It not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 30 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Nervant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctesis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronie interstitial nephritis, mant neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEHPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cauinjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Hacmorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Never report



RECORD	PHYSICIANS should state of OCCUPATION Is very
NK-THIS IS A PERMANENT	AGE should be stated EXACTLY. properly classified. Exact statement
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very mportant. See instructions on back of certificate.
25	Every Item CAUSE OI mportant.

PLACE OF DEATH
OUNTY Cecil 15368

Sillage or City Elkton Mo.
(No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

..St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Clevia Co	orno of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famale Colors of RACE Single, MARRIED, WIDDWED, WIDDWED, WIDDWED, ORDIVORCED	16 DATE OF DEATH (Month) (Year)
6 DATE OF BIRTH Unstrum, 1900	17 I HEREBY CERTIFY, That I attended deceased from 1913, to 1913, that I last saw here alive on Nov 6 1913
7 AGE (Month) (Day (Year) 1 If LESS than 1 day,hrs. 0 0 min.?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or Honsework (b) General nature of industry, business, or establishment in which employed (or employer)	(Burtin) yrs mos ds.
9 BIRTHPLACE (State or country) Delaware	Contributory Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) DElaware 12 MAIDEN NAME (*)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, or Homicipal.
13 BIRTHPLACE OF MOTHER (State or country) DElawan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edward Coverby CANA	Where was disease contracted, If not at place of death? Former or usual residence.
16 Filed for 11th 1913 Back Fraguets	Summit Bridge MM Pare 12, 1913 20 UNDERTAKER ADDRESS
REGISTRAR	I many to take to the way her

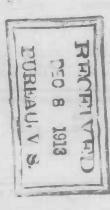
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, aant neoplasms); Measles; Whooping eough; Chronic cause of death approved by Committee on Nomencia-"Contributory." LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolie acid-probably suieide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report For vio-



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	TO DE	1	EAL	5	Diain t	erms.	0	that	T Tay	De	proper	y cia	SSITIC	e E	Kact 1	tatemen	t of	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	NO
	important. See instructions on back of certificate.	of. Se	se ins	structi	ons or	n back	00	ertific	ate.										1

15369 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... [If death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 18 DATE OF DEATH MARRIED, Greolowed (Month) (Write the word) (Year) I HEREBY CERTIFY That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in douths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, mos. ... 14 THE ABOVE IS Where was disease contracted. If not at place of death?... usual residence.... OF BURIAL DATE OF BURIAL 16 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the misease causing nearii (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anacmia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia ture of the American Medical Association.) "Contributory." The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary), 10 ds. Never report (secondary or intercurrent) State cause for For vio-



(Address)

SICIANS should OCCUPATION IS PHYSICIANS PERMANENT EXACTLY. Exact stated classifled. pe pinous properly INK supplied. pe UNFADING may certifica that 80 0 back terms, pinous uo plain Instructions Informati = of inform DEATH See Instru CAUSE OF important. S

state

1 PLACE OF DEATH STATE OF MARYLAND 15370 CERTIFICATE OF DEATH County Registration Dist. No. if death occurred in Village or City Ward) a hospital or institution. give its NAME instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 5 SINGLE, 16 DATE OF 4 COLOR OR RACE EATH MARRIED. widowed,
ordiverced
(Write the word) (Month) (Day (Year) HEREBY CERTIFY, That attended deceased from DATE OF BIRTH that I last (Month (Day (Year) TAGE if LESS, than and that death occurred on the date stated above The CAUSE OF min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (of employer) BIRTHPLACE Contributory (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE . 191..... (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the of death ___ yrs. __ mos. _ State Where was disease contracted. OF MY KNOWLEDGE If not at place of death? Former or (Informant)

Former or
usual residence.

19 PLACE OF BURIAL OR REMOVAL

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20 UNDERTAK

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ma

TE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations galnfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None, of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: (6)

Statement of cause of death—Name, first, the misease causing nearh (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

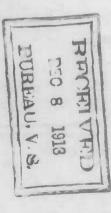
/ PLACE OF DEATH	STATE OF MARYLAND
County Cell 15371	CERTIFICATE OF DEATH
Ellston	Registration Dist. No. 92
*FULL NAME Roman Crown	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RAGE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH Quy 8", 1885	that I last saw hand, alive on AN 8
7 AGE (Month) (Day (Year) 1 t LESS than 1 day,hrs. 0 cmin.?	and that death occurred on the date stated above, at 12 m
(a) Trade, profession, or particular kind of work.	Cohronic Myocarditis
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Angina Pectoris
(State or country) 10 NAME OF FATHER P	Secondary (Duration) yrs mos ds (Signed) Zovaci Jenkins M. D
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH; or, in deaths from VIOLEN: CAUSES, state (1) MEANS OF INJURY; and (2) whether Accurate
13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
(Informant) Smills on toworners (Address) Elsekon, M.d.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16. Filed for 10th 1913 Johnson From Megistran	West litting from Nov 11", 1913 20 UNDERTAKER Political Address 1
	tar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



RECORD properly supplied. may certificate. that 0 back terms, pinoy plain Instructions 5 DEATH Jo item 9 Every item CAUSE OF Important, Ø

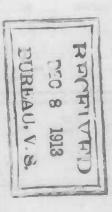
1 PLACE OF DEATH STATE OF MARYLAND 15372 CERTIFICATE OF DEATH Registration Dist. No. lif death occurred to St:Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIEO. WICH THE WORD WICOWED. (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) Union Hospila 7 AGE it LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* OR 7 mas Cardiac, Failer 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory There a excorations Chan 9 BIRTHPLACE (State or country) Secondary to av vancence (4=4Duration) 10 NAME OF FATHER (Signed) ruation 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 11 12 MAIDEN NAME OF MOTHER 11 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 11 OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) 11 16 of death _____ yrs. ____ mos. ____ ds. State yrs. __ Where was disease contracted. KNOWLEDGE it not at place of death? Former or usuai residence 19 LACE OF BURIAL OR REMOVAL DATE OF BURIAL voro 15 100 16/11 20,UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Bafto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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RECORD PERMANENT UNFADING of infor WRITE Item

15373 STATE OF MARYLAND ACE OF DEATH state Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist, No. Ilt death occurred inWard) a hospital or Institution, give its NAME instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIEO. WIDDWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from classified. (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at. 1 day,....hrs. The CAUSE OF DEATH # was as follows: OR 7 properly BOCCUPATION (a) Trade, protession, or particular kind of work. pe (b) General nature of Industry, business, or establishment In may (Duration) which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary that 10 NAME OF FATHER Herm (Signed) of back PARENTS 11 BIRTHPLACE OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, piain See instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) -13 BIRTHPLACE At place In the OF MOTHER ot death yrs. State yrs, ____ mos. (State or country _ mos. ds. Where was disease contracted. It not at place of death? OF mportant, Every It DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frank in St., Bulto., Requesting V. S. No. 1.

· [Approved by U. S. Census and American Public Health
Association-]

cases, especially in industrial employments, it is uecapplies to each aud every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Gröcery; (a) Foreman, (b) Automobile factory. it should be used only when ueeded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. material worked ou may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Can mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection used uot be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclusepsis, tetanus) by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "Exhaustion," State cause for Never report Ex-



No. 1.

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PHYSICIANS should state of OCCUPATION Is very RECORD PERMANENT stated EXACTLY. UNFADING INK-THIS AGE See instructions of Information DEATH WRITE CAUSE OF Important. m ż

1 PLACE OF DEATH 15374

Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Reg	istra	tion	Dist.	No

St.;... ..Ward) [If death occurred in a hospital or institution,

DATE OF BURIAL

ADDRESS

	FULL NAME 20 Name	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	enale while (Write the word) ATE OF BIRTH Nov 30, 1913	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from [19] that I last saw h & alive on MON 30 1913
	GE Stell borre If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at
(b) bus whi	articular kind of work.) General nature of industry, siness, or establishment in slich employed (or employer) IRTHPLACE (State or country)	(Duration) yrs mos ús Contributory Secondary
RENTS	10 NAME OF FATHER James J. Grass 11 BIRTHPLACE OF FATHER (State or country) Cecil Co Snd 12 MAIDEN NAME (A)	(Signed)
¥d.	OF MOTHER Statute & Fullow 13 BIRTHPLACE OF MOTHER (State or country) beal bo ma THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death

usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (b)

Icsis pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," "Croup";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meningitis"); Diphtheria (avoid use Typhoid fever (never report "Typhoid meninges, peritonaeum, etc., Carcinunqualified, is indefinite): Tubercu-"Epidemic cere-

> ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aaut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canby carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from may be stated under the head The nature of the Ex-



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PHYSICIANS should state of OCCUPATION Is very RECORD PERMANENT stated EXACTLY. Exact properly classified. pinous UNFADING INK-THIS AGE carefully supplied. DEATH in piain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH of information should be CAUSE OF Important.

PLACE OF DEATH 15375 County Of City Of The East (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Sept 23, 1883. (Month) (Day (Year)	May 8", 1913, to MIN 322, 1913, that I last saw hand alive on MIN 2, 1913.
TAGE 30 yrs. mos. ds. or min.? **Soccupation* (a) Trade, profession, or particular kind of work. Paul Prading	and that death occurred on the date stated above, at 9.30 A.m., The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or eountry)	"Says" (Ouration) - yrs. 6 mos. ds. Contributory Distation Right Ventricle
10 NAME OF FATHER Suibison 11 BIRTHPLACE OF FATHER (State or eountry) 12 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed) Coracl Lawrence Mos ds. (Signed) Total Coracl Lawrence
of Mother Many Reynolds 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALB, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death?
(Informant) Della any Guntuson (Address) North East, Miles Filed Nov 5 191 3 South Boddle Ruccel Precistran	Former or usual residence 19 place of Burial or Removal Who G., 1913 20 undertaker M Purson Address Authorial

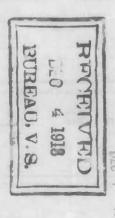
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) · Spinner, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," State cause for Never report



has comitted angel 8.1 PHYSICIANS should of OCCUPATION IS Registration Dist. No. If death occurred in a hospital or Institution. RECORD give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX S SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 7,30 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishmen! in (Duration) which employed (or employer) certificate. BIRTHPLACE Contributory ... Secondary (State or country) (Duration) 10 NAME OF FATHER Po back PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain ons OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. Instructi OR RECENT RESIDENTS) = 13 BIRTHPLACE At place OF MOTHER (State or country) in the DEATH of death yrs. mos. ds. State _____ yrs, ____ mos. __ Where was disease contracted. If not at place of death?o Former or Item OF usual residence mportant. Every Ite DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 8 FIEGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



DING

WRITE

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PERMAN

STATE OF MARYLAND PLACE OF DEATH should state CERTIFICATE OF OCCUPATION IS Registration Dist. No. PHYSICIANSWard) 0 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. rowner WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 Exact DATE OF BIRTH classified. (Month) (Day) (Year) pe If LESS than 7 AGE and that death occurred on the date stated above, at pinoda 1 day. hrs. OR min. ? properly BOCCUPATION AGI (a) Frade, profession, or particular kind of work. ed. (b) General nature of industry. pe business, or establishment In Ilddns msy which employed (or employer) -----Contributory certificate. 9 BIRTHPLACE (Secondary (State or country) # that 10 NAME OF FATHER (Signed) 20 50 back 11 BIRTHPLACE terms, ENT OF FATHER (State or country) pinoda *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-CO 2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, plain Z OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE _ At place in the OF MOTHER (State or country EATH _____ yrs. mos. ds. State yrs. Where was disease contracted, If not at piace of death? jo 0 Former or (Informant). OF usual residence Important. 19 PLACE OF BURIAL OR REMOVAL ш DATE OF BURIAL Every 15 2º UNDERTAKER ADDRESS m REGISTRAR If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

DEATH

Ill death occurred in

a hospital or institution. give its NAME instead of street and number. 7

[Approved by U. S. Census and American Public Health Association.]

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RECORD

PERMANENT

1 PLACE OF DEATH

UNFADING

WRITE

15378 STATE OF MARYLAND CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS County. Registration Dist. No. Ilt death occurred inWard) a bospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH S SINGLE. MARRIED, WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) classi 7 AGE It LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH* OR ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. Suppli business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) of back PARENTS 11 BIRTHPLACE terms, OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in de the from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain See instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place OF MOTHER (State or country) In the ot death yrs. mos. ds. DEATH State yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE It not at place of death? 50 Former or Item OF mportant. osual residence. Every R 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER AODRESS m If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-besis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichae-, etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name orlgin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from tetanus) (Recommendations on statement of may be stated under the head State cause for Never report Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 PLACE OF DEATH 15322 STATE OF MARYLAND Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. I'll death occurred in ----Ward) a hospital or institution. RECORD give its NAME instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE S SINGLE. MARRIED. WIDDWED. (Month) (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH that I last saw happen slive on (Month) (Day (Year) TAGE If LESS than Ø and that death occurred on the date stated above, at f dayhrs. THIS The CAUSE OF DEATH* was as follows: OR ?ds. properly SOCCUPATION AGI (a) Trade, profession, or particular kind of work. (b) General nature of industry, UNFADING business, or establishment in may (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER (Signed) 0 0 terms. n back 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. PARI 12 MAIDEN NAME PLAINLY OF MOTHER instructions plal Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS ڃ 13 BIRTHPLACE At place in the OF MOTHER (State or country) See instri State _____ yrs, ____ mos. ___ Where was disease contracted, WRITE 14 THE ABOVE IS TRUE TO KNOWLEDGE If not at place of death?. Former or OF (Intermant)-Every Item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

REGISTRAR

20 UNDERTAKER

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(Year)

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ADDRESS

1-13-

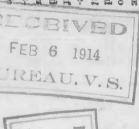
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an who have no occupation whatever, write None. who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of For VIO-





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STATE OF MARYLAND

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthfulthe nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudercutoris of lungs, meninges, peritonacum, etc.. Carcin

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), ture of the American Medical Association. injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-accier" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



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Instructions

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PLACE OF DEATH 15380 STATE OF MARYLAND CERTIFICATE OF DEATH County Olca Registration Dist. No. [If death occurred in St.;....Ward) a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE MARRIED. WIOOWEO. (Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH 2 (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at., 1 day,hrs. The CAUSE OF DEATH * was as follows: mos. OR mln. ? ds. BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. K OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the _____ yrs. mos. ... State yrs, ____ mos. ds. Where was disease contracted, KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2 2 , 191. 15 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Rode 9

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), affection need not be stated unless important. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da.; valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

1 PLACE OF DEATH

	PLACE OF DEATH 15381	CERTIFICATE OF DEATH
C	ounty Olece	11
v	Village or City Port Oparel (No	Registration Dist. No. [It death occurred in a hospital or institution
	* FULL NAME Bernice Pete	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	emale Colored Or Bridge, Widowco, Widowco, (Write the word)	(Month) (Day) (Year) 18 DATE OF DEATH (Year) (Month) (Day) (Year)
8 D	ATE OF BIRTH	Jelet 1913, 10 Nov 10- , 1913
7 A	(Month) (Day) (Year) GE / It LESS than	inat rise saw it. S. I
· A	abacel 30 years 1 day, hrs.	The CALLE OF DEATH* was as follows:
(a)	OCCUPATION) Trade, protession, or rticular kind of work	Che Bronclitio
bus	General nature of industry, iness, or establishment in ich employed (or employer)	(Duration) Jyrs mos ds
9 8	Hatte or country) Consumas Mel	(Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary)
	10 NAME OF Honry Reters	(Signed) (Signed) (Signed) (Signed) (Signed)
ENTS	1.1 BIRTHPLACE OF FATHER (State or country) UNKnown	*State the DISEASE CAUSING DEATH, or, in death from Violent CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-
PARI	12 MAIDEN NAME Suzan Butcher	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPASS
	13 BIRTHPLACE OF MOTHER (State or country) Pennsylvania	At place In the ot death yrs mos ds. State yrs mos ds.
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Horgh Felers	Former or usual residence
	(Address) Conorungo The	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Service a INT Gas	Mount-sun Nov 14, 1913. 20 UNDERTAKER ADDRESS
Fil	Parapai, my REGISTRAR	Slater Beach Colora Md
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Mousekeepers it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (a) the kind of work and also (b) If the occupation has As examples: For persons

Statement of cause of death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEEPERAL peritonitis," childbirth or miscarriage, as "Purreral septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant peoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 5 1913



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR MARGIN RESERVED

W. B. No. 1.

County Brice 15382	CERTIFICATE OF DEATH
Village or Gity Colors (No.	Registration Dist. No
FULL NAME Mrs addie E.	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Percel 4 COLOR OR RACE 500 MERRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Windowski (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 130 Am, The CAUSE OF DEATH was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work. MONCE,	(Chronic valouler disease)
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Eshaustion yrs. 6 mos. — ds.
9 BIRTHPLACE (State or country) Perryville MK	(Secondary)
on 11 BIRTHPLACE	(Signed) Conest Towland, M. D. M. D. (Signed) (Address) Liberty Prop Md
11 BIRTHELACE OF FATHER (State or country) Port DE South Mal 12 MAIDEN NAME OF MOTHER addu Thrught	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) Mosquaud teers	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Soward Cusey (Son)	if not at place of death? Former or usual residence
(Address) Colora Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Work 197 7 3
Filed Nov. 11 ,1913 St. C. Carrier REGISTRAR	20 UNDERTAKER ADDRESS Colora Med.
If more blanks are needed, address State Registrar	G E Franklin St Relto Bequesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulcated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcinbosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.: oma. Surcoma. etc., of _ ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



N. B.

PLACE OF DEATH 15383	STATE OF MARYLAND
County Czeil	CERTIFICATE OF DEATH
a · UI	Registration Dist. No.
V. age or City Convering (No	St.; Ward) [It death occurred ly a hospital or Institution give its NAME Instead
*FULL NAME Orlando	Chy au of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Infant Manuel White Stringle, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH # 8 1 19/3	how, 207, 1913, to mov. 21. 1913
(Month) (Day) (Year)	that I last saw h. com alive on 21 cm, 1913
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work	Calaulal Premoring (Duration) yrs. mos. 3 ds.
9 BIRTHPLACE (State or country) Czul Co. Md	(Secondary)
10 NAME OF S. C. Rogan	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MaiDen NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
of Mother Mabel alexander.	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR Hospitals, Institutions, Transients,
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place In the of death yrs, mos, ds. State yrs, mos, ds.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Tephen 6 Ragau	Former or usual residence
(Address) Concruings Md	Harmon Chafel nov 24th 1913
Filed hor, mx , 1913 M.C. Cauce	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Revisites	a later I Surn Colora Ma

[Approved by U. S. Censns and American Public Health Association.]

duties of the household only (not paid Housekeepers it should he used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salcsman, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative lealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childhirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marcagenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds. affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chrowin er" is less definite; avoid use of "Tumor" for maily oma. Surcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-

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DEC - 1913



₹.B.

Village or City Starts M. Stanse Poul Name James Thomas	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. St; Ward) St; Ward) Fill death occurred is a hospital or institution give its NAME instead at street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Chile Sparse of Birth Sparse of Birth Married, Married, Minowed, Original Control of Birth Married, Minowed, Minowed, Original Control of Birth Married, Minowed, Min	16 DATE OF DEATH (Month) (Day), (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to W. 2000, 1913.
(Month) (Day) (Year) AGE If LESS than 1 day,hrs. GOCCUPATION (a) Trade, profession, or parficular kind of work CLUBLUL (b) (c)	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary) (Opration) yrs mos ds
10 NAME OF WWW. W. Russell 11 BIRTHPLACE (State or country) 12 MAIDEN NAME & C. C. C. O.	(Signed), 191
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) WILL, W. JUSSELL	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death? Former or usual residence.
Filed NOT 4, 191 3 I gaich Brotolle Registran	18 PLACE OF BURIAL OR REMOVAL Starts M Struss 2005 4, 191.3 20 UNDERTAKER St M, Preison North Eash
if more blanks are needed, address State Registrar	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the dibease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver secund of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerpenal peritonitis," childbirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligby curbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions." "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. Never report "Old Age," "Shock," "Uraemia," "Weakness," The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senfle." etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of etc. State cause for (name origin; "Candeath), 29 Examples: For vio-

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DEC 4 1913



PLACE OF DEATH 15385	STATE OF MARYLAND
County Cacil	CERTIFICATE OF DEATH Registration Dist. No. 99
Village or City Ecultur (No	St.; Ward) [If death occurred to a hospital or institution, give its MAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of Race Single, Augli Married, Widowed, Ordiverced (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
, 1	that I last saw h in alive on Nor 25 1913,
(Month) (Day) (Year) AGE If LESS than 1 day,hrs. ORmio. ?	and that death occurred on the date stated above, at 2 a.m. The CAUSE OF DEATH* was as follows:
(a) Frade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mes 14 ds. Contributory leteration of Ulcine (Secondary)
10 NAME OF FATHER FRANCE STATE OF MOTHER (State or country) Philadelphia Pa 12 MAIDEN NAME OF MOTHER (State or country) Philadelphia Pa 13 BIRTHPLACE OF MOTHER (State or country) Philadelphia Pa 14 MAIDEN NAME OF MOTHER (State or country) Philadelphia Pa 15 MAIDEN NAME OF MOTHER (State or country) Philadelphia Pa 16 MAIDEN NAME OF MOTHER (State or country) Philadelphia Pa 17 MAIDEN NAME OF MOTHER (State or country) Philadelphia Pa 18 MAIDEN NAME OF MOTHER (State or country) Philadelphia Pa 19 MAIDEN NAME OF MOTHER (State or country) Philadelphia Pa 10 NAME OF MOTHER (State or country) Philadelphia Pa 11 BIRTHPLACE OF MOTHER (State or country) Philadelphia Pa 12 MAIDEN NAME OF MOTHER (State or country) Philadelphia Pa 13 BIRTHPLACE OF MOTHER (State or country) Philadelphia Pa 14 MAIDEN NAME OF MOTHER (State or country) Philadelphia Pa 15 MAIDEN NAME OF MOTHER (State or country) Philadelphia Pa 16 MAIDEN NAME OF MOTHER (State or country) Philadelphia Pa 17 MAIDEN NAME OF MOTHER (State or country) Philadelphia Pa 18 MAIDEN NAME OF MOTHER (State or country) Philadelphia Pa 18 MAIDEN NAME OF MOTHER (State or country) Philadelphia Pa 18 MAIDEN NAME OF MOTHER (State or country) Philadelphia Phila	(Signed)
(Interment) Reference Sewell (Address) Carillon, Ma,	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed nov 27, 191 3. A Black REGISTRAR	20 UNDERTAKER Chlage Collaboration had
If more blanks are needed, address State Registra	of E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Purrenal septichaescpsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Potsoned mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio-"Coliapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Weastes (disease causing nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 ds.; "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 3 1713



RECORD	of OCCUP
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP, Important. See instructions on back of certificate.
S A PER	be stated silied. Exac
-THIS I	AGE should
DING IN	supplied. may be pr
H UNFA	so that it
ILY, WIT	ain terms,
IE PLAIN	Information EATH in pile instruction
WK	Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it mai Important. See instructions on back of certificate.
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should in Noi

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No I'll death occurred inWard) a hospital or jostitution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE SINGLE, 1 - 121 3 SEX 16 DATE OF DEATH MARRIED, WIDOWED, UT (Month) (Write the word) (Year) DATE OF BIRTH 1836 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated shove, st 1 day,hrs. The CAUSE OF DEATH towas as follows: OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE 1915... (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. ___ ds. State yrs. mos. ds 14 THE ABOVE IS TRUE Where was disease contracted. It not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborerduties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease of persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., who have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Lahorer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumonia," unqualified, is Indefinite): Tubereucesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. rulvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from mis," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 5 913



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 6

PLACE OF DEATH 15387	STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
C	Registration Dist. No.
Village or City Elston (No. 1)	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME JOHN & OUTCOM	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Single Whowes, ORDIVORCED, ORDIVORCED, ORDIVORCED (Write the word)	16 DATE OF DEATH // / 1913 (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Sept 17 1863	may 18, 1913, to hom 12, 1913.
(Month) (Day (Year) 7 AGE 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.	Carcuma of Clomach
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) / yrs mos ds.
*BIRTHPLACE (State or country) Maryland	Secondary (Doragon) Yrs mos ds.
10 NAME OF Jas J Sterling	(Signed) Hartin Mitchell, M. D.
11 BIRTHPLAKE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Margery Hallaher	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
V 12 MAIDEN NAME Margery Hallaher	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mauyland	At place in the of death yrs mos ds. State yrs mos ds
(Informant) Mis Justus Trubas	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Elkton md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Det 181 Tranh Frag 31	20 UNDERTAKER ADDRESS Umsinger Rippin Elkton Mid
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

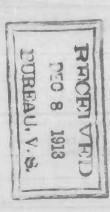
[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each aud every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-cesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congultal," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy." valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



c 9'81

should ION is PHYSICIANS show (No.Ward) RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED CH WIDOWED, QNIONIB Write the word) Exact tated 8 DATE OF BIRTH (9) classified. th (Month) (Day) (Year) d If LESS than 7 AGE S pino C 1 day hrs. THIS 0 OR min. ? properly BOCCUPATION GE (a) Trade, profession, or 0 INK particular kind of work Ш (b) General nature of Industry. supplied. pe business, or establishment in UNFADING may which employed (or employer) SE certificate. ⁹ BIRTHPLACE (State or country) carefully o that it W Œ 10 NAME OF FATHER 80 0 MARGIN WITH back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country should 00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. PLAINLY plain OF MOTHER Instructions Information OR RECENT RESIDENTS) 13 BIRTHPLACE EATH IN At place OF MOTHER (State or country of death yrs. mos. _ ds. Where was disease contracted. WRITE If not at place of death? of 1 DE Former or Hem I usual residence Every Item CAUSE OF Important. BURIAL OR REMOVAL 15 0 REGISTRAR

15388

PLACE OF DEATH

state Very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

[if death occurred in a hospital or Institution. give its NAME instead of street and oumber. I

		The second secon	(Day)	(lear)
		RTIFY, That I		
nov.	15 , 1913	, to now	28.	, 1913,
		n nov.		-
d that death o	occurred on th	o date stated a	bove, at	7m,
e Gause of	DEATH* Was	s as tollows:	Jus	
300000010000100000000000000000000000000		(Duration)	yrsm	2020
		,		
(Secondary)				**************************************
(Secondary)	······	(Duration)		10Sds.
(Secondary)	0	(Duration) (Buration) (Saction)	yrs	00sds.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

In the State _____ yrs, ____ mos, fis.

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of iiiof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necwho have no occupation whatever, write None. heen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should he taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite sainry), may be entered as statement. Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." The question (0)

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquailfied, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

	PLACE OF DEATH 15389	STATE OF MARYLAND
Co	ounty Cecil	CERTIFICATE OF DEATH
	· · · · · · · · · · · · · · · · · · ·	Registration Dist. No. 74
Vii	lage or City Delle (No. ,	St.; Ward) [It death occurred in
	01.41	give its NAME instead
	FULL NAME OR Laske	ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3,5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
6	Take Totale WIDOWED, Ordowood (Write the word)	(Month) (Day (Year)
W.		17 HEREBY CERTIFY, That I attended deceased from
. 0	ATE OF BIRTH	WW 1913 to WW 30 1913.
	(Month) (Day (Year)	that I last saw halive on, 191
7 A		and that death occurred on the date stated above, at 2,30 m.
	77 ura // maa 8 ta 1 day,hrs.	The CAUSE OF DEATH* was as follows:
80	CCUPATION YES MOS OR MIN. ?	
(a	Trade, protession, or	
	General nature of industry,	y lecours 1 point account
bus	siness, or establishment in \ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Duration)mosds.
which employed (or employer)		Contributory
	(State or country)	Secondary
	10 NAME OF OLD O	(Duration) yrs mos ds.
	FATHER Oli Lacker	(Signed) , M. D.
IIS	11 BIRTHPLACE OF FATHER	Mee 1, 191 3. (Address) West Cent had
M	(State or country) (Coma	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAR	12 MAIDEN NAME OF MOTHER	
ш,	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Will Chocon	at place of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted,
(Interment) Grany & Asaac		If not at place of death?
	(1). ++ D 1-1	usuai residence.
	(Address) Moule Cast Smal	1) PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1 2 h 10 D 11 A	20 mario Jurnace Cemelory Del 3, 1913.
Filed Lec 191 S Daish Bid de		20 UNDERTAKER ADDRESS
	If more blanks are needed address State Position	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	accura, address State Regist	Lat, O 12. Prankin St., Baito., Requesting V. S/ No. 1.

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

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Village or City Poly (No. 26)	STATE OF MARYLAND CERTIFICATE OF DEATH St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED,	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Nov-21, 1913, to 107-27, 1913,
(Month) (Day (Year)	that I last saw h/24 alive on Mor-37- 1913
7 AGE If LESS than 1 dayhrs. OWmin. ?	and that death occurred on the date stated above, at OP
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs wos. 1s.
9 BIRTHPLACE (State or country) Port Deposition (State or country)	Secondary (Buration) yrs mos ds.
of 11 piptupiace	(Signed) M. D. M.
OF FATHER (State or country) POY SEPONT, USA	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted,
(Informant) Fethe Weeker.	Former or usual residence
16 Filed No. 72 1913 ST. Caccerone	Walker Curetury and how, MY, 1913
If more blanks are needed, address State Regist	M. H. Walder Partabair mg



[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

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PLACE OF DEATH 15391	A STATE OF THE STA	STATE OF MARYLAND
(exil	TON	CERTIFICATE OF DEATH
(1) (-	110	Registration Dist No

PLACE OF DEATH 15391	STATE OF MARYLAND
County Cil	CERTIFICATE OF DEATH
County De	Registration Dist, No.
Village or City Lucy Susse,	St.; Ward) [If death occurred lo a hospital or institutioe, give its NAME instead
2FULL NAME (avolue	Of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
G DATE OF BIRTH Febry 2,1823	that I last saw here alive on 10 13 1913
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. 9 OCCUPATION OEmin.?	and that death occurred on the date stated above, at / m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	gradually failed from age
business, or establishment in which employed (or employer)	(Dyration) yrs mos. ds.
State or country Rusing Sun Md	Contributory Secondary (Doration) yrs 2 mos ds
10 NAME OF Matthew Wier	(Signed) Les J. Darz, M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUGHTH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Junan Gina	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY INDWICEDE	Where was disease contracted, If not at place of death?
(Information)	Former or usual residence
(Address) MOSH Nothingham	TOPHAGE OF BURIAL 99 REMOVAL GATE OF BURIAL 2
16	1 Ost toller of my Mor 10191

REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is portrapently fig.

BUREAU. V.S.

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	PLACE OF DEATH 15392	STATE OF MARYLAN	D	
	Lecil .	CERTIFICATE OF DEA	ATH	
	illage or City Mest Nollingham	St.; Ward) a hös give l	death occurred in pitat or Institution, its NAME instead	
	*FULL NAME & Salelle S	of str	eet and oomber.]	
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
71	Anale Shile Single, Married, Married, Milowed, Willowed, Ordiverced (Write the word)	16 DATE OF DEATH (Month) (Day) 17 / I HEREBY CERTIFY, That I attended to		
6 D	(Month) (Day) (Year	at afferent lines to last few that I last saw he ally on the grant few	4.781 , m 900	
7 A G		and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:	575 m,	
(a) par (b) busi	Frade, profession, or ficular kind of work. General nature of Industry, AVVVV. General nature of Industry, Inc.	(Ouration) yrs.	mosds.	
9 81	RTHPLACE ate or country) Chester & Pa.	Contributory (Secondary) (Duration) yrs.	mosds.	
STN	11 BIRTHPLACE (State or country) Pennsylvania	(Signed) , 191 (Address)	Keck.	
PAREN	12 MAIDEN NAME OF GAVETH Privir 13 BIRTHPLACE OF MOTHER (State or country) Pennsylvania	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION OR RECENT RESIDENTS) At place In the	s, Transients,	
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Faller Wright	of death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death? Former or usual residence.		
15	(Address) Josh De Toses Rid	19 PLACE OF BURIAL OR REMOVAL DATE OF	19 2	
File	2. Mr. Nowhing Ton REGISTRAR	20 UNDERTAKER Payfor of ADDRESS Hising Sun		
If more blanks for needed, address State Registrar, 6 E. Franklin St., Belto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fercr (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of "tungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) by carbolic acid-probably suicide. Accidental drowning; Struck by railroay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, mia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For viocbildbirth or miscarriage, as mus," "Oid Age," "Shock," "Uraemia," "Weakness," etc. The contributory (secondary or intercurrent) affection need not be saited unless important. Exveru. surround. etc., of _______ (name origin; "Canver" is less definite; avoid use of "Tumor" for mallgnant neoplasms); (calles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJUBY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Duppsy," "Exhaustion," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, "Contributory." Bronchopneumonia (secondary), 10 ds. ample: Measles (disease Always qualify ail diseases resulting from (Recommendations on statement of may be stated under the head or HOMICIDAL, or as probably causing death), 29 de. "PUERPERAL septichae-The nature of the Yever report h as "As-

